

## Excess risk of maternal mortality in adolescent mothers

Andrea Nove and colleagues (March, 2014)<sup>1</sup> report compelling and much-needed evidence on the global age pattern of maternal mortality. Their analysis concludes that the excess mortality risk faced by mothers aged 15–19 years might be “less than previously believed”. As the authors point out, this evidence is consistent with our own similar analysis of data from a smaller number of countries.<sup>2</sup>

During our analysis, we sought to uncover the source of the oft-cited so-called fact that the risk of maternal mortality of women aged 15–19 years is twice that of women aged 20–24 years (and that the risk for those younger than 15 years is five-times higher). We identified dozens of instances over the past 25 years in which these figures were cited, often without any reference. Although we cannot be sure, the original source seems to be a study done in the late 1960s in rural Bangladesh.<sup>3</sup>

This early study was based on surveillance data collected in Matlab Thana and showed that the maternal mortality rate for mothers aged 15–19 years was 7·4 per 1000 livebirths whereas for mothers aged 20–24 it was 3·8. For mothers younger than 15 years, the rate was 17·7. These ratios were subsequently cited in a 1989 WHO volume<sup>4</sup> and then repeated many times in journal articles, reports, and policy documents without reference to the original data. A compilation of age-specific maternal mortality data from 40 countries during roughly the same period as the Bangladesh study suggested a much more moderate excess risk for young mothers, but the findings were mostly ignored in the scientific literature.<sup>5</sup> Until very recently, little research has re-examined these early findings on the basis of the more comprehensive data now available.

This is an interesting story but, more importantly, a cautionary tale for the maternal health community. As intense policy discussions occur around the appropriate allocation of human and financial resources for reproductive health, it is a powerful reminder that

the evidence for evidence-based policymaking should hold up under scrutiny and that facts are not facts by virtue of frequent repetition.

I declare that I have no competing interests.

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